

Position Classification Program Team Nominees

Agency Name: _____

Agency Number: _____

Classification Specialist

Name: _____

Address: _____

Phone: _____ E-mail: _____

Experienced/Inexperienced
Circle One

Classification Specialist

Name: _____

Address: _____

Phone: _____ E-mail: _____

Experienced/Inexperienced
Circle One

Classification Specialist

Name: _____

Address: _____

Phone: _____ E-mail: _____

Experienced/Inexperienced
Circle One

Please sign below and forward to Pamela Dixon, Landon State Office Building, Room 951 South, Topeka, KS 66612 or FAX to (785) 291-3715.

Agency HR Manager

Date